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APPLICANTS

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** CONTINUING DATA ***** *None PL*** FOREIGN APPLICATIONS ***** *no ext copy as of 11/28/04 pl*
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Verified and Acknowledged <i>PL</i> Examiner's Signature	<i>PL</i> Initials				

ADDRESS

22850
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TITLE

Vasodilator pharmaceutical preparation and health food composition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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